

## IMMUNIZATION SUMMARY

IMMUNIZATION	REQUIRED	RECOMMENDED	COMMENTS
PPD	YES		every 12 months
MMR	YES		single dose at or after age 12
Tetanus/Diphtheria	YES		every 10 years or appropriate with wound management
Hepatitis A	see Note	YES recommended for all	* required for officers, stewards, and travelers to foreign countries or endemic areas
Hepatitis B	see Note	YES recommended for all	* required for officers and health care personnel
Influenza		YES	yearly
Pneumococcal		YES	see Criteria
Malaria		YES*	*only if required by host country or CDC. <u>G6PD status must be on file.</u>
Rabies		YES*	*only if known or expected exposure
Typhoid fever		YES*	*only if required by host country or CDC.
Cholera		YES*	*only if required by host country or CDC.
Yellow Fever		YES*	*only if required by host country or CDC.
Varicella		YES*	* consider if no history of chickenpox
Meningococcal		YES*	* only if deploying to a known area of outbreak
Plague		NO	
JEV		NO	
Anthrax		NO	
Polio		YES*	*EIPV if unvaccinated and traveling to a country where polio is endemic